ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	9,60		2/5/00
O.I.P.E. CLASSIFIER	Med D	15	2/2/
FORMALITY REVIEW	11/1	7-7-	7
RESPONSE FORMALITY REVIEW	2.4		
	SB	59222	4-3-00

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
 (Through numeral) Canceled 	A Appeal
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